

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018770

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 340

Primary Registration District No. 3075

Registrar's No. 31

STATE FILE NUMBER

FILED MAY 1 1963

## 1. PLACE OF DEATH

a. COUNTY

Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Dexter

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Stoddard

c. CITY

OR TOWN

Dexter

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Residence

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

406 North Poplar

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Robert

Middle

Adolph

Last

England

4. DATE

OF DEATH

Month

April

Day

20,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-31-1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months 2 Days 7

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Zalma, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William England

13b. MOTHER'S MAIDEN NAME

Zona Bell Whitt

14. NAME OF HUSBAND OR WIFE

Lottie Mae England

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

NO.

17. INFORMANT

Mrs. Lottie England, Dexter, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Circulatory failure

INTERVAL BETWEEN ONSET AND DEATH

hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

decompensated hypertensive heart disease

DUE TO (c)

arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 14, 1963 to April 20, 1963 and last saw him alive on April 20, 1963  
Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-23-63

23c. NAME OF CEMETERY OR CREMATORY

Dexter

23d. LOCATION (City, town, or county)

Dexter, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Rainey Funeral Home, Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

4-23-63

26. REGISTRAR'S SIGNATURE

Velma V. Fenkin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lucille H. Hines*

Licensed Embalmer No. 4982

P. O. Address Deerfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Burial Permit issued*

*4/2-29/63*

*vg.*